

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 8

2. STATE:

WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
OCTOBER 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

P.L. 106-354

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$153,090

b. FFY 02 \$153,090

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 2.2-A, PAGE 23e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

NEW

10. SUBJECT OF AMENDMENT:

BREAST & CERVICAL CANCER PREVENTION & TREATMENT ACT OF 2000

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Garry L. McKee* *Irish Oleske*

13. TYPED NAME:

GARRY L. MCKEE, PH.D., M.P.H. IRIS OLESKE

14. TITLE:

DIRECTOR STATE MEDICAID AGENT

15. DATE SUBMITTED:

16. RETURN TO:

IRIS OLESKE  
STATE MEDICAID AGENT  
WYOMING DEPARTMENT OF HEALTH  
OFFICE OF MEDICAID  
147 HATHAWAY BUILDING  
CHEYENNE WY 82002

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
August 28, 2001

18. DATE APPROVED:

10-18-01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

*Spencer K. Ericson*

21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: August 23, 2001

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

Citation	Groups Covered	
	B.	<u>Optional Coverage Other Than the Medically Needy</u> (Continued)
1902 (a) (10) (A) (ii) (XVIII) of the Act	<u>X</u>	25. Women who: <ul style="list-style-type: none"> <li>(i) have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;</li> <li>(ii) are not otherwise covered under creditable coverage, as defined in Section 2701 of the Public Health Service Act;</li> <li>(iii) are not eligible for Medicaid under any mandatory categorically needy eligibilty group; and</li> <li>(iv) have not attained age 65.</li> </ul>

N No. 01-008  
 Supersedes  
 TN No. NEW

Approval Date 10/18/01Effective Date 10/01/2001